

North Sound Mental Health Administration

Regional Support Network for Island, San Juan, Skagit, Snohomish, and Whatcom Counties

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NSMHA Contract Memorandum 2007-003

Date: March 8, 2007

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Fay Jaussaud, Program Manager for T.R.I.P
Shelly Lacy, Quality Assurance, Privacy Officer, The Tulalip Tribes

From: Chuck Benjamin, Executive Director

Subject: Revised Policies

The following policies are new or have been revised:

NSMHA Policy #1505.00 – Authorization for Ongoing Outpatient Services has been revised and is effective.

The following changes were made to Policy 1505:

1. Authorizing source in the header was added.
2. Motion # was changed to Signature.
3. References to “Clinical Eligibility and Care Standards” will be referenced as “CECS” throughout the policy with the exception of first mention in Purpose section.
4. Under Policy section the following changes were made:
 - a. **Add** at beginning of section, paragraph one, “*NSMHA will authorize an assessment for*”
 - b. **Change** “Center” after the word Access to “Line”.
 - c. **Add** to the beginning of second sentence, first paragraph, “*The consumer will be*”.
 - d. **Add** the acronym “ICRS” in sentence three after “Integrated Crisis Response System”

- e. **Add** to the end of paragraph “*Once the assessment is completed, authorization or denial for ongoing outpatient services will be determined by NSMHA*”.
- f. **Delete** the next paragraph and up to “Role of Provider”.
- g. **Add** to the end of #1 under “Role of Provider” – “*the consumer will receive*”.
- h. **Add** #6 – “*Ensure benefits are provided in accordance with the Contractor’s level of care guidelines and are not arbitrarily denied or reduced, (for example, the amount, duration, or scope of a required service) based solely upon diagnosis, type of mental illness, or the enrollee’s mental health condition*”.
- i. **Add** the following under “Role of NSMHA” and **format** numbering:
 - i. #1 – Not arbitrarily deny a service authorization request.
 - ii. #2 – Not deny or reduce the amount, duration, or scope of a required service solely because of diagnosis, type of illness, or condition of the beneficiary.
 - iii. #3 – Ensure that authorization of a service in an amount, duration, or scope that is less than requested, be made by a health care professional who has appropriate clinical expertise in treating the enrollee’s condition or disease.
 - iv. #6 - NSMHA may place appropriate limits on a service on the basis of criteria applied under the State plan, such as medical necessity; or for the purpose of utilization control, provided the services furnished can reasonably be expected to achieve their purpose, as required by federal and state standards. NSMHA and its contractors will consider what constitutes “medically necessary services” in a manner that is no more restrictive than that used in the Washington State Medicaid program as indicated in State statutes and regulations, the State Plan, and other State policy and procedures. NSMHA , in accordance with these regulations, is responsible for covering services related to the following:
 - a. The prevention, diagnosis, and treatment of health impairments.
 - b. The ability to achieve age-appropriate growth and development.
 - c. The ability to attain, maintain, or regain functional capacity.
 - v. **Add** to the beginning of #7 “*NSMHA will ensure that*”.
 - vi. **Add** “(3)” after the word three in #3 under Procedure section.
 - vii. In #3 under Procedure section, **change** “fourteen” to “*thirteen (13)*” between within and calendar and **add** “(3)” after the word “three”.
 - viii. **Add** “*If*” at the beginning of “a” under Procedure section #3.
 - ix. **Add** to the beginning of #5 under Procedure section “*If the provider believes CECS are met, they*”.
 - x. **Add** second sentence to #7 “*NSMHA will notify the consumer and provider of all authorizations and their benefits.*”

5. Under Provider Requested Denial Reviews:

- a. **Add** to the beginning of #1 “*If the provider believes*” and after CECS “*are not met, they will send*”. Also, before “calendar days” **add** “*fourteen (14)*”.
- b. **Add** a “y” to the end of the word “full” in the third sentence

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6. Under “Residential Facility Authorizations” – change all Western State Hospital references within the “Western State Hospital Discharges...” to just “hospitals”.
7. Under “Authorizations Process...” change “thirteen” to “fourteen (14)”.
 - a. **Add** “*financial*” before “eligibility” in the fourth sentence.
 - b. **Add** “*Withdrawal*” in the title of the last paragraph before “Attachments” section.
 - c. **Add** “*be asked to*” in the first sentence between “consumer will” and “sign a document”.

NSMHA Policy #1717.00 – Crisis Services Appointments has been **moved** from “Clinical” section to the “ICRS” section **replacing** Policy 1514.00 and is effective. There was no language change just **change** policy number to 1717.00. The following changes were made in the “header” only:

1. Authorizing source
2. Cancellation of Policy 1514.00
3. Policy number change
4. Motion # to Signature

Please ensure that the policies are implemented or revised at your agency within sixty days. The policies may be found at <http://66.114.134.5/Policies/Default.asp>.

cc: Heather Fennell, Compass Health
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Pamala Benjamin, Whatcom Counseling and Psychiatric Center
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Pat Morris, Volunteers of America
Contract File